

2001 UNIFORM BUSINESS REPORT (UBR)

0025753 AF

DOCUMENT # M95000000276

1. Entity Name
SHOPPES INVESTORS, LLC

FILED

01 FEB -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

Mailing Address
P.O. BOX 999
CHADDS FORD PA 19317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-2813976

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDYWINE FINANCIAL SERVICES CORP.
BRUCE E. MOORE
2637 MCCORMICK DR.
CLEARWATER FL 33759

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003675891--9
-02/13/01--01022--015
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FAIRVIEW CORPORATION
2 POND'S EDGE DRIVE
CHADDS FORD PA 19317 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARKMORE CORPORATION
2 POND'S EDGE DRIVE
CHADDS FORD PA 19317 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Bruce E. Moore, President
Parkmore Corporation,
member

JAN 18 2001

(600)
388-9600

CR2E083 (11/00)